



<b>DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION, POWER OF ATTORNEY (37 CFR 1.32) and CORRESPONDENCE ADDRESS INDICATION FORM (37 CFR 1.32)</b>	<b>Application Number</b>	10/825,088
	<b>Filing Date</b>	April 15, 2004
	<b>First Named Inventor</b>	David SPERDUTI et al.
	<b>Title</b>	PROXIMITY TRANSACTION APPARATUS AND METHODS OF USE THEREOF
	<b>Group Art Unit</b>	3621
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	283-412
	<b>Express Mail Label No.</b>	

**DECLARATION**

This declaration is directed to:

- The attached application, or  
 Application No. 10/825,088, filed on April 15, 2004.  as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

My residence, mailing address, and citizenship are as stated below next to my name;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Each of the undersigned hereby grants to any duly empowered legal representative the power to insert on this document any further information which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office or with the rules of any other national or international Patent Office.

**FOREIGN PRIORITY CLAIMS**

I/we hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

<b>Prior Foreign Application Number(s)</b>	<b>Country</b>	<b>Foreign Filing Date (MM/DD/YYYY)</b>	<b>Priority Not Claimed</b>	<b>Certified Copy Attached?</b>	
			<b>YES</b>	<b>NO</b>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on \_\_\_\_\_ supplemental priority data sheet(s) attached hereto.

**DESIGNATION OF POWER OF ATTORNEY**

The following individual(s) is/are hereby appointed by the applicant(s) as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

**Designation under 37 CFR § 1.32(c)(2)**

All patent practitioners associated with the **Customer Number 20874**.

Please recognize or change the correspondence address for the above-identified application to the address associated with **Customer Number 20874**.

The undersigned is/are

the Applicant(s)/Inventor(s)

the Assignee of record of the entire interest. See 37 CFR 3.71. (*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96.)*)

**SIGNATURE(S) OF APPLICANT(S) OR ASSIGNEE OF RECORD**

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
David Given Name (first and middle [if any])		SPERDUTI Family Name or Surname	
Inventor's Signature			7/16/04 Date:
Residence:	State New York	Country USA	Citizenship USA
City Auburn			
City Auburn		State New York	ZIP 13021
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Thomas A. Given Name (first and middle [if any])		SIEGLER Family Name or Surname	
Inventor's Signature			8-11-04 Date:
Residence:	State North Carolina	Country USA	Citizenship USA
City Charlotte			
City Charlotte		State North Carolina	ZIP 28227
Mailing Address 7510 East Independence Boulevard, #100			
City Charlotte		State North Carolina	Country USA

Additional inventors are being named on the 1 supplemental Additional Inventors sheet attached hereto.

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<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Garrison Given Name (first and middle [if any])		GOMEZ Family Name or Surname	
Inventor's Signature	<i>Garrison Gary</i>		Date: 7/14/04
Residence: City Marietta	State New York	Country USA	Citizenship USA
Mailing Address 2891 Otisco Valley Road			
City Marietta	State New York	ZIP 13110	Country USA
<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
William H. Given Name (first and middle [if any])		HAVENS Family Name or Surname	
Inventor's Signature	<i>William H. Havens</i>		Date: 7/13/04
Residence: City Marcellus	State New York	Country USA	Citizenship USA
Mailing Address 25 South Street, Apt. B-33			
City Marcellus	State New York	ZIP 13108	Country USA
<b>NAME OF FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date:
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country